



PATIENT

Bella Climent

SPECIES

Canine

BREED

Pitbull

SEX

Female Spayed

AGE

14 years

WEIGHT

62.7lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

27131

DATE

10/26/22

PRESENTING CLINICAL SIGNS

History: Bella was noted to have a heart murmur 6 months ago when she was seen for coughing. Cardiomegaly noted on radiographs. She was started on enalapril and Lasix, which initially helped. Worsening cough recently. Lasix dose was increased with no change noted in the cough. Bella has been on a grain free diet for several years for allergies (at least 6 years). She is eating well and active for her age with no S/V/D, but she does have a dry, gagging cough daily. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 180mmHg x 3; 200 mmHg x 2. *No sedation for study current medications: 1) Enalapril 20mg 1/2 tab twice a day 2) Lasix/furosemide 80mg 1.5 tabs twice a day 3) Allergy injections monthly.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: Moderate LV dilation with adequate function. LV wall thicknesses are normal.

Left atrium: The left atrium is severely enlarged and bulbous in appearance with a horizontal component.

Mitral valve: Diffuse thickening of mitral valve leaflets (anterior > posterior) with no prolapse into the left atrial lumen. Severe mitral regurgitation. Normal velocity.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. No AI. Normal LVOT velocity.

Right ventricle: Normal RV dimension. No obvious RVH.

Right atrium: Mild atrial dilation.

Tricuspid valve: The tricuspid valve appears thickened with minimal septal prolapse. Mild tricuspid regurgitation visualized. Velocity consistent with mild pulmonary hypertension.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal with normal pulmonic outflow velocity. No pulmonic insufficiency.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 90bpm.

2-Dimensional Measurements

Ao diam (cm)	2.1
LA diam (cm)	4.6
LA:Ao (Swe)	2.2
IVS thickness (cm)	1.1
LVID diastole (cm)	5.9
PW thickness (cm)	1.1
LVID systole (cm)	3.4
FS (%)	42

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	1.5
MR Vmax (m/s)	5.3
TR Vmax (m/s)	3.1
TR PG (mmHg)	39

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing severe mitral and mild tricuspid regurgitation. Severe LA dilation indicates the risk for spontaneous congestive heart failure is high going forward. Early pulmonary hypertension is noted which should be monitored going forward. No additional issues such as systolic dysfunction is identified. No evidence of diet-related cardiomyopathy. If the grain-free option is best for systemic wellness, reasonable to continue while reassessing function going forward.

In light of a reported cough and severity of disease on echocardiogram, there is concern for some component of congestive heart failure and continued full cardiac supportive medications are recommended as below, including Lasix therapy. It is assumed this patient



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has concurrent respiratory disease as well and additional options include Hydrocodone or other anti-tussive.

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The average survival time of canine patients with active pulmonary edema is 8-9 months on medications, however they generally are able to maintain a good quality of life for that period. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

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RECOMMENDATIONS

- Administer Furosemide 1mg/kg PO q12h.
- Administer Pimobendan 0.3mg/kg PO q12h.
- Institute Spironolactone 1-2mg/kg PO q12h.
- Pending response, consider hydrocodone with homatropine 0.2-0.4mg/kg up to q4-6 hours PRN for any residual mechanical cough in the face of normal sleeping respiratory rates.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.
- Monitoring of sleeping respiratory rates will be paramount to screen for congestive heart failure at home.
- Elective anesthesia is not advised.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

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PLAN

- Monitor renal values and BP in 1-2 weeks. If BP >130mmHg, institute ACEI 0.5mg/kg PO q12h. Monitor renal panel/BP every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram in 4-6 months, sooner if any development of clinical signs.

IMAGES

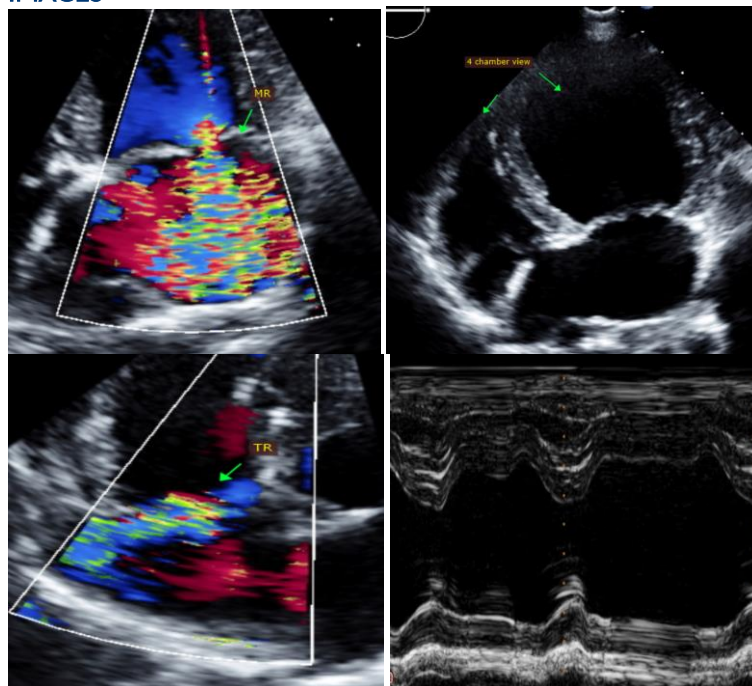
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Thank you for this referral. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

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